STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**12/15/2016**
NAME OF PROVIDER OR SUPPLIER **THE SHERIDAN AT LAKEWOOD RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **11705 EVENING WALK DR** **BRADENTON, FL 34211**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

On December 15, 2016 an unannounced LNS monitoring survey was conducted at Sheridan at Lakewood Ranch (The). No deficient practice was identified during the survey.
License #12858

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 19, 2016

Administrator
The Sheridan At Lakewood Ranch
11705 Evening Walk Dr
Bradenton, FL 34211

Dear Administrator

This letter reports findings of a limited nursing services (LNS) monitoring survey that was conducted on December 15, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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